U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/1/04 Through: 12/31/04

S. Hallio and dedicas of porosit initial	A Transcribert, and addition of teach organization	
Name Richard W MAY	Name INt. Org of MASters, MAtis & Pilots	
,	Labor Organization File Number 000 - 162	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 224 Gerritsen AVE	Street 700 maritime Blud	
City BAYPORT	Cay Lingthicum Heights	
State 1/705	State mD ZIP Code + 4 21090 - 1941	
5. Position in labor organization. VICE President Atlantic Port Offshore Membership Group		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	According to the control of the cont	
The second secon	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.) On $7/6/05$ $63/-472-193/$	
Signed Justif VV / Mg	On // O / O / O / O / O / O / O / O / O	
Form LM-30 (2003)	Page 1 of 3	

lame of Person Filing Richard U. MAY	File Number U- 2869
. Held an interest in or derived income or economic benefit with monetary valuabstantial part of which consists of buying from, selling or leasing to, or otherwif an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
. Name and address of Business (including trade name, if any).	9. Business deals with:
Name The Segal Company	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1 PATIC AVE	c. Employer
CON NEW York	
State New York ZIP Code + 4 10016	
10. If 9.b. or 9.c. Is checked give trust or employer's name.	11.a. Nature of such dealing. Business Listed in # 8
Name MASter, MAtes + Pilots, BenoCitPlans	Provides Actuarial Services To The
Trade Name, if any:	Various mmap Plans. I Am A Trustie on these plans
P.O. Box, Bidg., Room No., if any	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Street 700 Maritime BIVD Suite A City Linthicum Heights	11.b. Approximate dollar value of such dealing. # 124.00
State M.D. ZIP Code + 4 210 90	COST OF DINNER SPONSORED during
	Trust meetings held ON 1/13/04
	in Baltimore - Prime Rilo Restarant
	12.b. Amount. \$\\ 124.00
C. Received from any employer (other than an employer covered un	der parts A and B above)
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of months. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	der parts A and B above)
or from any labor relations consultant to an employer any payment of mon-	der parts A and B above) by er other thing of value.
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

,	I/I/04 Through: 12/31/04	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Richard W MAY	Name INT. Org of MASters, mates & Pilots	
	Labor Organization File Number 000-16Q	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 224 GerritSCN AVE	Street 700 maritime Blud	
City BAYPORT	CHY Liathicum Heights	
State N1/ ZIP Code + 4 1/725	State mD ZIP Code + 4 21090 - 1941	
5. Position in labor organization. VICE President Atlantic Port Offshore Mimbership Group		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City	-	
State ZIP Code + 4		
Signature		
	of Perjury and other applicable penalties of the law, that all of the information onlying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.) On On The first	
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Name of Person Filing Richard LI. MAY	File Number U- 2869
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name The Segal Company	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1 Park AVE	c. Employer
on New York	
State New York ZIP Code+4 10016	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Business Listed in #8
Name Master, Mates + Pilots, Benofit Plans	Provides Actuarial Services To The Various mmap Plans. I Am A
Trade Name, if any:	Trustee on these plans
P.O. Box, Bldg., Room No., if any	
Street 700 Maritime BIVD Suite A	11.b. Approximate dollar value of such dealing. # 124.00
city Linthicum Heights	12.a. Nature of interest held or income received.
State MD ZIP Code + 4 210 90	Cost of Dinner sponsored during Trust meetings held on 1/13/04
	IN BAltimore - Prime Rib Restarant
	12.b. Amount. \$ 124.00
C. Received from any employer (other than an employer covered un- or from any labor relations consultant to an employer any payment of more	der parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
(including trade name, if any).	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if arry	
Street	
City)i.,

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13.b. Is the Business an Employer

?

14.b. Amount of payment.

ZIP Code + 4

or Consultant

Name of Person Filing Richard W MAY	File Number U- 2869
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name BANK OF NEW YORK Trade Name, if any: P.O. Box, Bldg., Room No., if any Street / WA// St.	9. Business deals with: a. Labor Organization b. Trust c. Employer
State New York ZIP Code+4 10286 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Master Mates & Pilots Revecit Plans	11.a. Nature of such dealing. Business Listed in # 5 Provides (Financial Custody Services, to ainvestment mgt. services To Trust Plans
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 700 Mpridime BlVD Svite n City Linthicum Hights State ND ZIP Code + 4 2/090-1941	11.b. Approximate dollar value of such dealing. \$150,00
C. Raceivad from any eniployer (other than an employer covered un	12.b. Amount. \$\frac{150.00}{150.00}
or from any labor relations consultant to an employer any payment of mon 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	ay or other thing of value. 14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
Form LM-30 (2003)	

Name of Person Filing Richard W MAY	File Number U. 2869
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8. Name and address of Business (including trade name, if any). Name Steptoe & Johnson LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1330 Connectivet AVE. NW City Washing ton State D: C. ZIP Code +4 20036	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name MASters, MAYES OF PILOS BLACET PLANS Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing BusINCSS Listed in #8 Above provides Legal Services To The Trust Plans. I Am A Trustae ON these plans
Street 700 Marifime BIVD City Liwthicum, Heights State MD ZIP Code + 4 21090-1941	11.b. Approximate dollar value of such dealing. \$ 138.06 12.a. Nature of interest held or income received. Cost of Dinner Sponsered during Trust meetings held Soft 28 2004 in Baltimore - Rith Chris Restmus
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.

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13.b. Is the Business an Employer

Street

City

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or Consultant

14.b. Amount of payment.